

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29609

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>77</u>	
1. PLACE OF DEATH a. COUNTY <u>Neosho</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Neosho</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>36 yrs</u>		c. CITY OR TOWN <u>West Plains</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>1212 Jackson 04610</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Calvin</u>		b. (Middle) _____		c. (Last) <u>Warbington</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-6-55</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>3-28-1883</u>	
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work including most of working life, even if retired) <u>Retired Neosho Co. Mgr.</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>Warriell Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>L. J. Warbington</u>		13b. MOTHER'S MAIDEN NAME <u>Narcissus Hedden</u>		14. NAME OF HUSBAND OR WIFE <u>Rosetta Warbington</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>Yes</u> <u>Mo KC. Warbington, Neosho Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mo KC. Warbington, Neosho Mo</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>CARCINOMA - LIVER</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 MONTHS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>5-5</u> <u>10:55</u> <u>6 Sept</u> , 1955, that I last saw the deceased alive on <u>6 Sept</u> , 1955, and that death occurred at <u>12:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Rebecca Cook</u> (Degree or Title) _____		23b. ADDRESS <u>West Plains, Mo.</u>		23c. DATE SIGNED <u>SEP 10 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-8-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-15-55</u>		REGISTRAR'S SIGNATURE <u>Rebecca Cook</u>		3795 FUNERAL DIRECTOR'S SIGNATURE <u>Rebecca Cook</u>		ADDRESS <u>Neosho Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed J. D. Roberts

Licensed Embalmer No. 343

P. O. Address Blue Hill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.